

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/830981	FILING DATE 29 OCT 2001					
							APPLICANT(S) <i>Feldt</i>						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/				51						
2				/			52						
3				/			53						
4				/			54						
5				/			55						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			/				TOTAL IND.						
TOTAL DEP.			/0				TOTAL DEP.						
TOTAL CLAIMS			//				TOTAL CLAIMS						